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**CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH**

January 5, 2006

Janis Sigman, Manager
Certificate of Need Program
Office of Certification and Enforcement
State of Washington Department of Health
310 Israel Road SE
Tumwater, WA 98501-5447

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a 12 station dialysis center in Kitsap County, WA. In conformance with the requirements of WAC, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a 12 station dialysis facility that will provide and support hemodialysis, peritoneal dialysis and home hemodialysis. The address of the proposed facility will be provided during the review process as required by Certificate of Need rules.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be \$1,100,000.00.

Description of the Service Area:

The primary service area would be Bremerton and South Kitsap County.

Thank you for your support in this matter.

Sincerely,

Monica Demitor
Group Director